Middlesex County Center for Empowerment

Volunteer Application

Name:	Date of Birth:	
Address:		
Phone: (Primary)	(Secondary)	
	Length of residence in Middlesex County:	
Do you prefer receiving training updates via:	□ Email OR □ Post mail	
Employer:		
Occupa	tion:	
Education:		
Languages spoken:		
please include name, address, and phone of supe	ty, and/or relevant experience (if prior volunteer experience, ervisor):	
Briefly, why are you interested in volunteering for	the Center?	
Please list any times you would be unable to be o	on call:	
Please provide a name and telephone number for	r a reference (non-related):	
Have you ever been accused, tried, or convicted of	of a violent crime?	
Would you be willing to submit to a background cl	heck? 🗆 Yes 🗆 No	

How did you hear about this opportunity? □ Internet/Online (please indicate website): □ Newspaper (please indicate which):	□ Family Member/Friend □ Other:
Signature:	_ Date: